



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492

MAYOR COLEEN J. SENG

lincoln.ne.gov



May 31, 2005

Mayor Seng and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Gas N Shop Inc., d.b.a. Tobacco Shack, 6240 Havelock requesting a class D liquor license.

Tobacco Shack has requested that Angela Coffey be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Angela Coffey was born in Lincoln, Nebraska. She attended Malcolm High School graduating in 1991.

Ms. Coffey has been employed by Gas N Shop since 1989.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Liquor License Investigation

Business (DBA) Tobacco Shack

☒ Manager Owner Other _____

Name: Angela Coffey

US Citizen ? ☒ Yes No

Has applicant ever been cited for liquor law violations ? ☒ No Yes
Explain _____

Does applicant have an interest in another liquor license ? ☒ No Yes
Explain _____

Is spouse qualified to hold a license ? Yes No ☒ N/A

How is applicant if not an owner to be paid ? ☒ Salary Hourly

How many hours will applicant be at the establishment ? 20 h

Any other employment ? ☒ No Yes, explain _____

Any previous experience with a liquor license? Yes ☒ No

Any criminal convictions ? ☒ No Yes
Comments _____

Is applicant a property owner in Lincoln ? Yes ☒ No

Is applicant involved in any civil litigation ? ☒ No Yes
Comments _____

☒ Photo ☒ Records Check ☒ References

Comments _____

Interview Date 5 / 31 / 05



RECEIVED

MAY 20 2005

BY: City Clerk

6-20-05

STATE OF NEBRASKA

Dave Heineman
GovernorNEBRASKA LIQUOR CONTROL COMMISSION
Robert B. Rupe
Executive Director301 Centennial Mall South, 5th Floor
P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.nol.org/home/NLCC/>

May 19, 2005

Lincoln City Clerk
City/County Building
555 S 10 Street
Lincoln, NE 68508AS-053753
5Gas 'N Shop Inc
dba Tobacco Shack #67, 6240 Harlock
Class D

RE: License for D #68409

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body,
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE A LICENSEE MUST BE APROPERLY LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS. A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION
Jackie B. Matulka
Licensing DivisionBob Logsdon
ChairmanR.L. (Dick) Coyne
CommissionerRhonda R. Flower
Enclosures Commissioner

An Equal Opportunity/Affirmative Action Employer

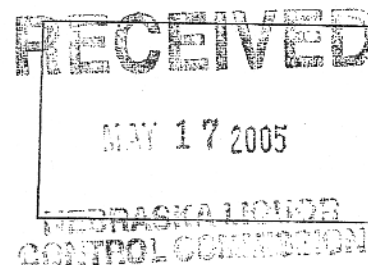
Printed with soy ink on recycled paper

FORM 35-4001
REV. 12/99

APPLICATION FOR LICENSE

Nebraska Liquor Control Commission
PO Box 95046,
301 Centennial Mall South
Lincoln, NE 68509-5046

<http://www.nol.org/home/NLCC/>
Phone: (402) 471-2571
Fax: (402) 471-2814



INSTRUCTIONS: Include: 1. Applicable fees payable to Liquor Control Commission 2. Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders holding over 25% stock 6. All applications must be typewritten or printed clearly 7. Submit in Triplicate 8. Required areas marked by a red asterisk (*)

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

Class of License (Check applicable class) *	Registration Fee	License Fees	Corporate Surety Bond *send copy
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> F Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> B Beer, Off Sale Only - Inside/Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> J Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input checked="" type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
<input type="checkbox"/> DI Spirits, Wine, Beer, Off Sale Only - within extraterritorial zoning jurisdiction	\$45.00	\$150.00	exempt
<input type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> M Bottle Club (Spirits, Wine, Beer, On Sale)	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> H Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> K Wine Only, Off Sale	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> O Boat	\$45.00	\$50.00	exempt
<input type="checkbox"/> V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	*\$10,000 min.
<input type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	*\$ 5,000 min.
<input type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	*\$ 5,000 min.
<input type="checkbox"/> Y Farm Winery	\$45.00	\$250.00	*\$ 1,000 min.
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$45.00	\$250.00	*\$ 1,000 min.

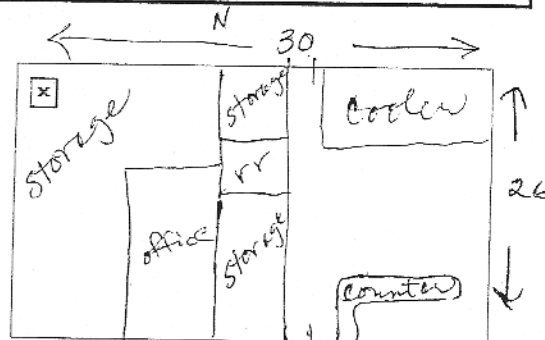
TYPE OF APPLICATION *	NAME OF PERSON ASSISTING WITH APPLICATION
Type of application being applied for (check appropriate box)	
1. Individual License requires Form 1 to be attached.	Name Dorothy Bockoven
2. Partnership License requires Form 2 to be attached.	Firm Name Gas 'N Shop, Inc.
3. <input checked="" type="checkbox"/> Corporate License requires Forms 3 and Manager Application to be attached	Address PO Box 81463, Lincoln NE

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MAY 17 2005
NEBRASKA LIQUOR
CONTROL COMMISSION

SECTION A - LOCATION INFORMATION -- Must be completed by all applicants			
Trade Name (name of business) Tobacco Shack #67		Telephone Number at premise to be licensed 402-465-5800	
1) Street Address of Proposed licensed premise 6240 Havelock		2) Mailing Address for receipt of Liquor Control Commission mailings PO Box 81463	
City Lincoln	County Lancaster	City Lincoln	County Lancaster
Zip Code 68507	Is this located inside the city limits? <input checked="" type="radio"/> Yes <input type="radio"/> No	Zip Code 68501	

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.



Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement. Approximately 30' x 50' at the East end.

one level

No Basement

one story building
approx 26 x 30

SECTION B		OTHER INFORMATION REQUIRED *		Explanation/Comments		
	Yes	No	Note: Only what is visible on screen will be printed			
<p>* 1. READ CAREFULLY. Answer completely and accurately.</p> <p>Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. Include any DWIs or DUIs. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.</p>				<input checked="" type="radio"/>	<input type="radio"/>	<p>Tom Vik 9/01 DUI Lancaster County; 1975 DUI (to the best of his recollection)</p> <p>RECEIVED</p> <p>MAY 17 2005</p>
<p>* 2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).</p>				<input type="radio"/>	<input checked="" type="radio"/>	<p>NEBRASKA LIQUOR CONTROL COMMISSION</p>
<p>* 3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.</p>				<input type="radio"/>	<input checked="" type="radio"/>	
<p>* 4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.</p>				<input type="radio"/>	<input checked="" type="radio"/>	
<p>* 5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.</p>				<input type="radio"/>	<input checked="" type="radio"/>	

<p>*6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.</p>	Yes	No <input checked="" type="radio"/>	<p>RECEIVED MAY 17 2005 NEBRASKA LIQUOR CONTROL COMMISSION</p>
<p>*7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?</p>	Yes	No <input checked="" type="radio"/>	
<p>*8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.</p>	Yes	No <input checked="" type="radio"/>	
<p>*9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.</p>	Yes	No <input checked="" type="radio"/>	
<p>10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.</p>	<p>Hastings State Bank Larry W. Coffey Tom Vik</p>		
<p>11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.</p>	<p>Larry W. Coffey and Gas 'N Shop hold several licenses</p>		
<p>12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.</p>	<p>Angela L. Coffey Unknown at this time 50 hrs/week</p>		

Certi. w/ be submitted at a later time

6005

13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.	TAM training She will enroll in the Lincoln Beverage Hospitality Course		
14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)	attached <i>lease attached expires 6-30-2000</i>		
15. When do you intend to open for business?	Business is currently open - just adding alcoholic beverages to the inventory		
16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.			
NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
see attached sheet			

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MAY 17 2005

NEBRASKA LIQUOR
CONTROL COMMISSION

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

Sign
here

Thomas T. [Signature]

Sign
Here

[Signature]

Sign
Here

Christine [Signature]

Sign
Here

Connie D. Laffey

Sign
Here

[Signature]

Sign
Here

W. A. [Signature]

Sign
Here

Susan A. [Signature]

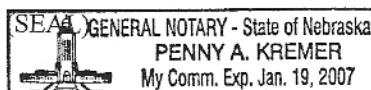
Sign
Here

[Signature]

Subscribed in my presence and sworn to before me this 9th day of May, 2005

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MAY 17 2005



NEBRASKA LIQUOR
CONTROL COMMISSION

In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternative format.

Sign
here

Penny A. Kremer
Notary Public Signature

Verify & Print form

FORM 35-4010

1

REV 1/01

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Application for Corporate Manager MAY 17 2005

Must Be A Nebraska Resident

Please submit in Triplicate

NEBRASKA LIQUOR
CONTROL COMMISSIONReturn to: Nebraska Liquor Control Commission, PO Box 95046
301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571

Fax: (402) 471-2814

Web address: <http://www.nol.org/home/NLCC/>

Required areas marked by a red asterisk (*)

LIQUOR LICENSE INFORMATION

Name of Licensed Corporation

Gas 'N Shop, Inc. *

Class & License number

D *

Trade Name of Licensed Premise

Tobacco Shack #67 *

Street Address of Licensed Premise

6240 Havelock Ave

68507 *

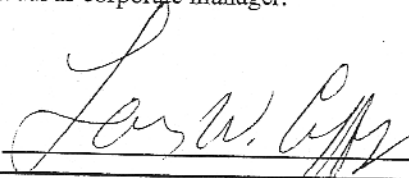
City

Lincoln *

County

Lancaster *

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO: 

APPLICANT INFORMATION (MUST BE 21 OR OVER)

Full Name (Last, First, Middle, Maiden)

Coffey, Angela S. *

Sex *

F	M
---	---

Social Security Number

*

Date of Birth

Place of Birth

Lincoln, Nebraska *

Home Street Address

12205 West Bluff Road *

City

Malcolm *

County

Lancaster *

State

NE *

Zip Code

68402 *

Home Telephone Number

402-416-6112 *

Business Telephone Number

402-475-1101 *

Drivers License Number

State

NE *

Are You Married? * Yes ☐ No ☒ If Yes, You must complete the following:

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

Full Name (Last, First, Middle, Maiden)

Social Security Number

Drivers License Number

State

Date of Birth

Place of Birth

MAY 17 2005

NEBRASKA LIQUOR
CONTROL COMMISSION

* 1. **READ CAREFULLY.** Answer completely and accurately.

Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

Yes ☐ No ☒

* 2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

Yes ☐ No ☒

* 3. Have you or your spouse ever made a compromise settlement for violation of such laws?

Yes ☐ No ☒

* 4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?

Nebraska Liquor Control Act (§53-131.01)

☒ Yes ☐ No

* 5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

☒ Yes ☐ No

prints submitted

RESIDENCES FOR PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE**RECEIVED**

MAY 17 2005

NEBRASKA LIQUOR
CONTROL COMMISSIONYear
From To

Applicant: City & State

12205 West Bluff Road, Malcolm, NE

4/04 now

Spouse: City & State

Year
From To

Applicant: City & State

2400 West Stirrup Dr., Lincoln

12/99 4/04

Spouse: City & State

Year
From To

Applicant: City & State

1900 NW 50th, Lincoln NE

10/95 12/99

Spouse: City & State

Year
From To

Applicant: City & State

Spouse: City & State

EMPLOYERS - LIST LAST TWO EMPLOYERS

Year

Name of Employer

From To

Gas 'N Shop, Inc.

6/89 now

Name of Supervisor

Telephone Number

Dave Cap

402-475-1101

Year

Name of Employer

From To

Name of Supervisor

Telephone Number

Corporation/LLC Application for License - Form 3
Nebraska Liquor Control Commission

INSTRUCTIONS:

- 1) Application and application for manager must be typewritten and submitted in triplicate
- 2) Fingerprint cards (2 cards per person) must be submitted for: a) each stockholder owning over 25% of the stock, b) chief executive officer, c) proposed manager and d) all spouses
- 3) Information regarding spouses must be completed

Required areas marked by a red asterisk (*)

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MAY 17 2005

Name of Corporation That Will Hold License. Attach copy of Articles of Incorporation

Gas 'N Shop, Inc. *

Total Number of Shares (if corporation)

100 *

Corporate Street Address

701 Marina Bay Place *

Mailing address for receipt of Liquor Control Commission Mailings

PO Box 81463 *

Corporate Telephone Number

402-475-1101 *

City

Lincoln *

County

Lancaster *

State

NE *

Zip Code

68501 * -

Name of Registered Agent

Dorothy Bockoven *

Name of Proposed Manager

Angela L. Coffey *

IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER

Name

Larry W. Coffey *

Title

CEO/Owner *

Date of Birth

Social Security Number

* -

Home Address (1)

730 Lakeshore Drive *

City

Lincoln *

State

NE *

Zip Code

68528 * -

Home Telephone Number

402-474-1669 *

PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSESName of Officers, Directors, Members and Spouses.
Give Last Name, First Name, Middle, Maiden, and any aliases

Social Security Number

Date of Birth

Title

Name

Coffey, Larry Wayne

prints on file

President

Spouse Name

Coffey, Connie F. (Rose)

spousal

Partner Number of Shares / % 100

Spouse Number of Shares / % 0

Name of Officers, Directors, Members and Spouses.

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Give Last Name, First Name, Middle, Maiden, and any aliases

Social Security Number

Date of Birth

Name

Vik, Thomas C.

Spouse Name

Vik, Chris E. (Shope)

Partner Number of Shares / % 0

Spouse Number of Shares / % 0

MAY 17 2005
Treas./VP of FinanceNEBRASKA LIQUOR
CONTROL COMMISSIONName of Officers, Directors, Members and Spouses.
Give Last Name, First Name, Middle, Maiden, and any aliases

Social Security Number

Date of Birth

Title

Name

Cap, David T.

Chief Operations Ofcr

Spouse Name

Cap, Susan A.

Partner Number of Shares / % 0

Spouse Number of Shares / % 0

Name of Officers, Directors, Members and Spouses.
Give Last Name, First Name, Middle, Maiden, and any aliases

Social Security Number

Date of Birth

Title

Name

Smetter, Sue A.

Secretary

Spouse Name

none

Partner Number of Shares / % 0

Spouse Number of Shares / %

Name of Officers, Directors, Members and Spouses.
Give Last Name, First Name, Middle, Maiden, and any aliases

Social Security Number

Date of Birth

Title

Name

Spouse Name

Partner Number of Shares / %

Spouse Number of Shares / %

(If Necessary, Continue on Separate Sheet)

**PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY
APPLICANT & SPOUSE**

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MAY 17 2005

STATE OF NEBRASKA)

) SS

COUNTY OF)

**NEBRASKA LIQUOR
CONTROL COMMISSION**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, an affidavit may be attached, however, fingerprint cards are still required to be filed.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.

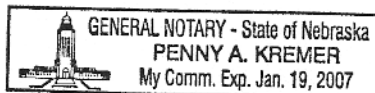

Signature of Applicant

Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this
9th day of MAY, 2005.

Subscribed in my presence and sworn to before me this
____ day of _____.


Notary Signature & Seal



Notary Signature & Seal

Verify and Print

FORM 35-4013
REV. 2/01

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MAY 17 2005

**NEBRASKA LIQUOR
CONTROL COMMISSION**

Is this Corporation/LLC controlled by another Corporation?

Yes ☒ No ☐Name of control Corporation

If YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LCC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned.

Please indicate below your corporate tax year with the IRS

Starting date: January 1 Ending date: December 31State of NEBRASKALANCASTER County

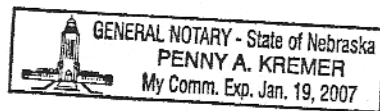
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ss.

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Penny A. Kremer
Notary Public Signature & Seal



By Larry W. Kopp
President/Member

In Compliance with ADA, this form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

Joe A. Shetter
Secretary/Member

Verify Form and Print

FORM 35-4183
REV. 02/01